BEST AVAILABLE COPY THE TO SHE WITH THE PROPERTY OF THE PROPER

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

CLAII	MS

		AS FILED		AFTER 1"AMENDMENT		AFTER 2 MANENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP	
2	 /	-					
3		1.					
4	1	1.					
5		1.					
6		1					
7		1.					
8		1:					
9	 	1.					
10 11		 					
12	 	1 / .					
13	1	 /: 					
14	1	17.					
15		1.					
16		1.					
17		1.					
18	 	1:					
19	 	1					
20	 	1					
22	 	1:					
23	 	1:					
24		7					
25		1					
26		1.					
27		1					
28	 	/-					
29 30		 					
31		- / 		 i			
32	/	7		·			
33		1.	-				
34		1.					
35		1:				-	
36		1.					
37 38		1-1-					
38 39		7:					
40		-/-					
41		1.					
42	· ·	1.					
43		1.					
44		2			•		
45		2					
46 47		·					
48		1					
49							
50							
AL IND.	4,	₽.		A		*	
AL DEP	40	(38)		43		du .	
OTAL	501	2	9		Į,	238	
AIMS		TOTAL BE	12	54355	ĬŽ	100	

	AS F	AS FILED		AFTER CAMENDMENT		AFTER				
	IND.	DEP.	IND.	DEP.		NDMENT				
51				DDI.	IND.	DEP				
52	 									
<u>53</u> 54	 									
55	 									
56	1									
57										
58										
59										
60	 									
61 62										
63	 									
64 .										
65										
66										
67										
68 69	 									
70	 									
71	 									
72										
73										
74										
75										
76 77										
78										
79 .										
80	-									
81										
82										
83										
84 85										
86	-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								
87										
88										
89										
90										
91 92										
93										
94										
95			-+	_						
96										
97										
98 99										
100										
TOTAL IND.		\$		1		\$				
OTAL DEP		(2)		tea		(24				
TOTAL, CLADUS	*		息		1					
	U.S. DEPARTMENT of COMMERCE									